City of Fredericksburg
Course Application Form

Course Title*: _____

Course Dates*: *Start* _____ *End* _____

Applicants Information

Name*: _____ **Daytime Phone*:** _____

Address*: _____ **Evening Phone*:** _____

City*: _____ **State*:** _____ **Zip*:** _____ **Date of Birth*:** _____

E-mail Address #1: _____ **Age*:** _____

E-mail Address #2: _____ **Last 4 of SSN*:** _____

Current Qualifications

Cardiopulmonary Resuscitation$^{\pm}$: _____ **Expiration$^{\pm}$:** _____

Emergency Medical Service: _____

Fire Service: _____

Miscellaneous: _____

Agency Affiliation

This is to certify that _____ is a member of _____
and that he/she has met the minimum criteria for enrollment in the requested program.

_____
Chief/Captain, President, or Training Officer's Signature   Date

Student Statement*

This is to certify that I meet all requirements of the City of Fredericksburg and the Virginia Office of Emergency Medical Services and/or Virginia Department of Fire Programs, which are necessary to enroll in this course.

_____
Student Signature   Date

Affiliation is not necessary for all programs, however it can improve priority in registration for a program. **All city affiliates must have agency affiliation signed for priority seating.** The student must include copies of all applicable paperwork and copies of certifications with this application. Incomplete applications will be returned to the applicant to be corrected and resubmitted. Fredericksburg affiliated personnel will receive priority seating in all programs hosted by the City of Fredericksburg. Seating is also on a first come-first serve basis.

Return the application to Fredericksburg Fire Department, Attn: Training Officer, 601 Princess Anne Street, Fredericksburg VA, 22401 or Fax to (540) 372-1050 Attn: Training Officer.

Students will only be contacted if accepted into the course/program. Confirmation e-mails are the preferred method of correspondence and will be sent on the closing date of the program. If no e-mail is supplied you will be contacted by phone. Please ensure all written information is legible.

* Required at minimum for all applications
± Required on all EMS applications